(iii) Karnataka Health System Development and Reform Project for US $ 141.83 million.

The Reproductive and Child Health Project Phase-II aims to reduce Total Fertility Rate (TFR), Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) in the country. The TB-II project will implement the existing DOTS strategy and will additionally focus on the scaling up of the State-level intermediate referral laboratories (IRL), implementation of DOTS- Plus scheme for multi drug resistant TB and scaling up of the involvement of NGOs and Private and Corporate sector. The objective of the Karnataka Health System Development and Reform Project is to increase utilization of essential curative and public health services particularly in underserved areas and among vulnerable groups.

These Projects are under implementation. The RCH-II project is scheduled to close in the year 2010 while the TB-II and Karnataka Health System Projects will close in the year 2011.

Universal health care

658. SHRIMATI PREMA CARIAPPA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons for the failure to provide universal health care to all people of the country;

(b) the steps being proposed to provide the same treatment facilities in the Government Hospitals as are being provided by the private sectors; and

(c) by when the same would be achieved?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Provision of Universal Health Care is well emphasized in various policies and programmes of the Government. Universal provision of comprehensive primary health care services was also enshrined in the National Health Policy 2002 which aims to provide acceptable standards of good health to the general population by upgrading the existing infrastructure, establishing new infrastructure in deficient areas and improving access to the public health system. Emphasis has been given to increasing the aggregate public health investment through a substantially increased contribution by the Central Government. To this end, the National Rural Health Mission (NRHM) was launched in 2005 "to provide accessible, affordable and quality health care to the rural population". Under NRHM support is extended to States/UTs to strengthen the infrastructure, manpower, drugs, equipments at Sub Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs). Annual Untied Grants and Maintenance Grants are provided to Sub Centres, PHCs and CHCs. Annual grant is provided to Rogi Kalyan Samities/Hospital Management Societies of PHCs, CHCs and DHs under NRHM to encourage community ownership. Various activities have been assigned specific timelines to be achieved during the Mission period.